

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

CAPUANO FOR CONGRESS COMMITTEE

ADDRESS (number and street)

PO BOX 440305

Check if different
than previously
reported. (ACC)

SOMERVILLE

MA

02144

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C

C00336388

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

MA

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Brian Mount

Signature of Treasurer

Brian Mount

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

04

14

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 45

Write or Type Committee Name

CAPUANO FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	4

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	3		3	1		2	0	1	4

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	61035.00	341544.47
(b) Total Contribution Refunds (from Line 20(d))	0.00	6000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	61035.00	335544.47
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	43096.98	254777.67
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	250.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	43096.98	254527.67
8. Cash on Hand at Close of Reporting Period (from Line 27).....	545156.51	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	2514.41	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 45

Write or Type Committee Name

CAPUANO FOR CONGRESS COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y
01 / 01 / 2014

To:

M M / D D / Y Y Y Y
03 / 31 / 2014

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

2750.00

47050.00

(ii) Unitemized.....

285.00

1740.00

(iii) TOTAL of contributions from individuals ▶

3035.00

48790.00

(b) Political Party Committees.....

0.00

2000.00

(c) Other Political Committees (such as PACs).....

58000.00

290754.47

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

61035.00

341544.47

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

250.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

61.98

856.10

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

61096.98

342650.57

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 45

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	43096.98	254777.67
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	2000.00	9000.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	4000.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	2000.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	6000.00
21. OTHER DISBURSEMENTS	2400.30	35014.06
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	47497.28	304791.73

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	531556.81
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	61096.98
25. SUBTOTAL (add Line 23 and Line 24).....	592653.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	47497.28
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	545156.51

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 5 OF 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

John P DiGiovanni

A.

Mailing Address 19 Hilliard Street

City

Belmont

State

MA

Zip Code

02138

FEC ID number of contributing
federal political committee.

C

Name of Employer
selfOccupation
developer

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		08		2014

Transaction ID : SA11AI.33915

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Norbert Goldfield

B.

Mailing Address 72 Laurel Park

City

Northampton

State

MA

Zip Code

01060

FEC ID number of contributing
federal political committee.

C

Name of Employer
3MOccupation
medical director

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		14		2014

Transaction ID : SA11AI.33925

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

Cornelius Hurley

C.

Mailing Address 71 Richmond Rd

City

Belmont

State

MA

Zip Code

02478

FEC ID number of contributing
federal political committee.

C

Name of Employer
Main Street AllianceOccupation
Attorney

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Transaction ID : SA11AI.33949

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

2250.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 6 OF 45

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

William Kennedy**A.**

Mailing Address 107 Forbes Hill Rd

City

Quincy

State

MA

Zip Code

02170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Nutter McClennen & Fish

Occupation

atty

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2014

Transaction ID : SA11AI.33940

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:



Primary



General



Other (specify)

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

500.00

2750.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 45

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

AFLAC INCORPORATED PAC

Mailing Address 1932 Wynnton Rd

City

Columbus

State

GA

Zip Code

31999

FEC ID number of contributing
federal political committee.

C C00034157

Name of Employer
PAC

Occupation
PAC

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2014

Transaction ID : SA11C.33969

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. AIRCRAFT OWNERS AND PILOTS ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 421 AVIATION WAY

City

FREDERICK

State

MD

Zip Code

21701

FEC ID number of contributing
federal political committee.

C C00131185

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11C.33983

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. ALLSTATE INSURANCE COMPANY PAC

Mailing Address 2775 SANDERS ROAD SUITE A2W

City

NORTHBROOK

State

IL

Zip Code

60062

FEC ID number of contributing
federal political committee.

C C00040253

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11C.33951

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

3000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

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(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. AMALGAMATED TRANSIT UNION-COPE

Mailing Address 5025 WISCONSIN AVE. N.W.

City

WASHINGTON

State

DC

Zip Code

20016

FEC ID number of contributing
federal political committee.

C C00032995

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2014

Transaction ID : SA11C.33971

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

B. AMERICAN ASSOCIATION FOR JUSTICE POLITICAL ACTION COMMITTEE (AAJ PAC)

Mailing Address 777 6TH STREET, NW
SUITE 200

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C C00024521

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

6000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		14		2014

Transaction ID : SA11C.33952

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. AMERICAN FEDERATION OF STATE COUNTY & MUNICIPAL EMPLOYEES - P E O P L E, QUALIFIED

Mailing Address 1625 L STREET NW

City

WASHINGTON

State

DC

Zip Code

20036

FEC ID number of contributing
federal political committee.

C C00011114

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2014

Transaction ID : SA11C.33917

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

AMERICAN HOSPITAL ASSOCIATION PAC

Mailing Address 325 SEVENTH STREET, NW
SUITE 700

City State Zip Code
WASHINGTON DC 20004

FEC ID number of contributing
federal political committee.

C C00106146

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M / D D / Y Y Y Y
03 19 2014

Transaction ID : SA11C.33972

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS EFFECTIVE LEGISLATION COMMITTEE (AICPA)

Mailing Address PALLADIAN 1
220 LEIGH FARM RD

City State Zip Code
DURHAM NC 27707

FEC ID number of contributing
federal political committee.

C C00077321

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
02 20 2014

Transaction ID : SA11C.33935

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

AMERICAN LAND TITLE ASSOCIATION TITLE INDUSTRY PAC (TIPAC)

Mailing Address 1828 L ST NW
SUITE 705

City State Zip Code
WASHINGTON DC 20036

FEC ID number of contributing
federal political committee.

C C00012914

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
03 19 2014

Transaction ID : SA11C.33979

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 45

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
------------------------------------	-------------------------------------	--	------------------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

AMERICAN ROAD & TRANSPORTATION BUILDERS ASSOCIATION PAC

A.

Mailing Address 1219 28th Street NW

City

Washington

State

DC

Zip Code

20007

FEC ID number of contributing
federal political committee.

C

C00118208

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 19 / 2014

19

2014

Transaction ID : SA11C.33974

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

AMERICAN SOCIETY OF ANESTHESIOLOGISTS

B.

Mailing Address 520 N NORTHWEST HIGHWAY

City

PARK RIDGE

State

IL

Zip Code

60068

FEC ID number of contributing
federal political committee.

C

C70004684

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2014

14

2014

Transaction ID : SA11C.33954

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

AMERICAN SOCIETY OF PLASTIC SURGEONS PLASTYPAC

C.

Mailing Address 20 F STREET NW
#310A

City

WASHINGTON

State

DC

Zip Code

20001

FEC ID number of contributing
federal political committee.

C

C00249342

Name of Employer

Occupation

Receipt For: 2014



Primary



General



Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 08 / 2014

08

2014

Transaction ID : SA11C.33919

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 11 OF 45

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

ASSURANT INC. POLITICAL ACTION COMMITTEE

Mailing Address 501 WEST MICHIGAN STREET

City	State	Zip Code
MILWAUKEE	WI	53203

FEC ID number of contributing federal political committee.

C C00185694

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

03 / **14** / **2014**

Transaction ID : SA11C.33955

Amount of Each Receipt this Period

1000.00

A.

Full Name (Last, First, Middle Initial)

BUILD POLITICAL ACTION COMMITTEE OF THE NATIONAL ASSOCIATION OF HOME BUILDERS

Mailing Address 1201 15TH STREET NW

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing federal political committee.

C C00000901

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

03 / **03** / **2014**

Transaction ID : SA11C.33942

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

CARPENTERS LEGISLATIVE IMPROVEMENT COMMITTEE UNITED BROTHERHOOD OF CARPENTERS AND JOINERS

Mailing Address 101 Constitution Ave NW

City	State	Zip Code
Washington	DC	20001

FEC ID number of contributing federal political committee.

C C00001016

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

10000.00

Date of Receipt

01 / **08** / **2014**

Transaction ID : SA11C.33921

Amount of Each Receipt this Period

5000.00

C.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

11000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 12 OF 45

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

FARMERS GROUP, INC., FARMERS INSURANCE EXCHANGE, FIRE INSURANCE EXCHANGE AND TRUCK INSURAN

A.

Mailing Address 2350 KERNER BLVD., SUITE 250

City	State	Zip Code
SAN RAFAEL	CA	94901

FEC ID number of contributing federal political committee.

C C00135681

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
01		08		2014

Transaction ID : SA11C.33923

Amount of Each Receipt this Period

2000.00

B.

Full Name (Last, First, Middle Initial)

GENERAL ELECTRIC COMPANY POLITICAL ACTION COMMITTEE (GEPAC)

Mailing Address 1299 PENNSYLVANIA AVE NW
SUITE 900W

City	State	Zip Code
WASHINGTON	DC	20004

FEC ID number of contributing federal political committee.

C C00024869

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
02		20		2014

Transaction ID : SA11C.33937

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

INVESTMENT MANAGEMENT PAC OF THE INVESTMENT COMPANY INSTITUTE

Mailing Address 1401 H Street NW #1200

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee.

C C00105981

Name of Employer

Occupation

PAC

PAC

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		03		2014

Transaction ID : SA11C.33943

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional).....

4000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 45

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

INVESTMENT MANAGEMENT PAC OF THE INVESTMENT COMPANY INSTITUTE

A.

Mailing Address 1401 H Street NW #1200

City

Washington

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00105981

Name of Employer
PAC

Occupation
PAC

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11C.33984

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

LOCKHEED MARTIN CORPORATION EMPLOYEES' POLITICAL ACTION COMMITTEE

B.

Mailing Address 1550 Crystal Drive
Suite 300

City

Arlington

State

VA

Zip Code

22202

FEC ID number of contributing
federal political committee.

C C00303024

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 24 / 2014

Transaction ID : SA11C.33986

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

LPL FINANCIAL LLC POLITICAL ACTION COMMITTEE (LPL PAC)

C.

Mailing Address 75 STATE STREET
24TH FLOOR

City

BOSTON

State

MA

Zip Code

02109

FEC ID number of contributing
federal political committee.

C C00486217

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11C.33957

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional).....

4000.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 14 OF 45

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

MARSH & MCLENNAN COMPANIES, INC. PAC (MMCPAC)

Mailing Address 1166 AVENUE OF THE AMERICAS

City

NEW YORK

State

NY

Zip Code

10036

FEC ID number of contributing
federal political committee.**C** C00457234

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	19	/	2014

Transaction ID : SA11C.33976

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. METLIFE INC. EMPLOYEES' POLITICAL PARTICIPATION FUND A

Mailing Address 1095 AVENUE OF THE AMERICAS

City

NEW YORK

State

NY

Zip Code

10036

FEC ID number of contributing
federal political committee.**C** C00040923

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	24	/	2014

Transaction ID : SA11C.33988

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. MICROSOFT CORPORATION POLITICAL ACTION COMMITTEEMailing Address 16011 NE 36TH WAY
BOX 97017

City

REDMOND

State

WA

Zip Code

98073

FEC ID number of contributing
federal political committee.**C** C00227546

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	14	/	2014

Transaction ID : SA11C.33958

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

4500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

MINN-DAK FARMERS COOPERATIVE POLITICAL ACTION COMMITTEE (MDFPAC)

A.

Mailing Address 7525 RED RIVER ROAD

City

WAHPETON

State

ND

Zip Code

58075

FEC ID number of contributing
federal political committee.

C C00164939

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11C.33960

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

NASDAQ OMX GROUP, INC. PAC (NASDAQ PAC)

Mailing Address 1100 NEW YORK AVENUE, NW
SUITE 310, EAST TOWER

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00366013

Name of Employer

Occupation

Receipt For: 2014

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11C.33961

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

Mailing Address 2901 TELESTAR CT.

City

FALLS CHURCH

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C C00005249

Name of Employer

Occupation

Receipt For: 2014

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

5000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11C.33963

Amount of Each Receipt this Period

1500.00

SUBTOTAL of Receipts This Page (optional).....

3500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

NATIONAL ASSOCIATION OF INSURANCE AND FINANCIAL ADVISORS POLITICAL ACTION COMM

A.

Mailing Address 2901 TELESTAR CT.

City

FALLS CHURCH

State

VA

Zip Code

22042

FEC ID number of contributing
federal political committee.

C C00005249

Name of Employer

Occupation

Receipt For: 2014

☐ Primary
☐ Other (specify)

☒ General

Election Cycle-to-Date

6000.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11C.33964

Amount of Each Receipt this Period

1000.00

B.

Full Name (Last, First, Middle Initial)

NETJETS ASSOCIATION OF SHARED AIRCRAFT PILOTS PAC; NJASAP PAC

Mailing Address 630 MORRISON ROAD

SUITE 110

City

GAHANNA

State

OH

Zip Code

43230

FEC ID number of contributing
federal political committee.

C C00488262

Name of Employer

Occupation

Receipt For: 2014

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

1000.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 14 / 2014

Transaction ID : SA11C.33929

Amount of Each Receipt this Period

1000.00

C.

Full Name (Last, First, Middle Initial)

PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC)

Mailing Address 8700 WEST BRYN MAWR

SUITE 1200S

City

CHICAGO

State

IL

Zip Code

60631

FEC ID number of contributing
federal political committee.

C C00066472

Name of Employer

Occupation

Receipt For: 2014

☒ Primary
☐ Other (specify)

☐ General

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 03 / 2014

Transaction ID : SA11C.33945

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

4500.00

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 17 OF 45

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

RAYTHEON COMPANY POLITICAL ACTION COMMITTEE

Mailing Address 1100 Wilson Blvd

Suite 1500

City

Arlington

State

VA

Zip Code

22209

FEC ID number of contributing
federal political committee.

C C00097568

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

4000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		03		2014

Transaction ID : SA11C.33947

Amount of Each Receipt this Period

1000.00

A.

Full Name (Last, First, Middle Initial)

STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address ONE STATE FARM PLAZA

C/O MARK SCHWAMBERGER

City

BLOOMINGTON

State

IL

Zip Code

61710

FEC ID number of contributing
federal political committee.

C C00544817

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02		20		2014

Transaction ID : SA11C.33939

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC TIAA-CREF

Mailing Address 601 THIRTEENTH STREET, NW

SUITE 700 NORTH

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00431361

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03		19		2014

Transaction ID : SA11C.33977

Amount of Each Receipt this Period

500.00

C.

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4000.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 18 OF 45

(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

TEACHERS INSURANCE ANNUITY ASSOC OF AMERICA COLLEGE RETIREMENT EQUITIES FUND PAC TIAA-CREF

A.

Mailing Address 601 THIRTEENTH STREET, NW
SUITE 700 NORTH

City	State	Zip Code
WASHINGTON	DC	20005

FEC ID number of contributing
federal political committee.

C C00431361

Name of Employer

Occupation

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify)

Election Cycle-to-Date

5500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : SA11C.33978

Amount of Each Receipt this Period

500.00

B.

Full Name (Last, First, Middle Initial)

TRANSPORTATION TRADES DEPARTMENT AFL-CIO POLITICAL ACTION COMMITTEE (TTD/PAC)

Mailing Address 888 16TH ST NW SUITE 650

City	State	Zip Code
WASHINGTON	DC	20006

FEC ID number of contributing
federal political committee.

C C00280909

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

1500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		14		2014

Transaction ID : SA11C.33966

Amount of Each Receipt this Period

500.00

C.

Full Name (Last, First, Middle Initial)

TRANSPORT WORKERS UNION POLITICAL CONTRIBUTIONS COMMITTEE

Mailing Address 80 WEST END AVENUE

City	State	Zip Code
NEW YORK	NY	10023

FEC ID number of contributing
federal political committee.

C C00008268

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y
03		19		2014

Transaction ID : SA11C.33981

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

3500.00

SCHEDULE A (FEC Form 3) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

WINE AND SPIRITS WHOLESALERS OF AMERICA, INC. POLITICAL ACTION COMMITTEE

A.

Mailing Address 805 FIFTEENTH ST NW SUITE 430

City

WASHINGTON

State

DC

Zip Code

20005

FEC ID number of contributing
federal political committee.

C C00147173

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M / D D / Y Y Y Y
03 / 14 / 2014

Transaction ID : SA11C.33968

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

ZURICH HOLDING COMPANY OF AMERICA COMMITTEE FOR GOOD GOVERNMENT (Z-PAC)

B.

Mailing Address 1201 F STREET NW

City

WASHINGTON

State

DC

Zip Code

20004

FEC ID number of contributing
federal political committee.

C C00235036

Name of Employer

Occupation

Receipt For: 2014

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2000.00

Date of Receipt

M M / D D / Y Y Y Y
01 / 14 / 2014

Transaction ID : SA11C.33931

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

4500.00

58000.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 20 OF 45

(check only one)

<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14	<input checked="" type="checkbox"/> 15
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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Winter hill Federal Savings

Mailing Address 342 Broadway

City

Somerville

State

MA

Zip Code

02145

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

856.10

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		15		2014

Transaction ID : SA15.33872

Amount of Each Receipt this Period

61.98

interest income on campaign savings

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary
☐ Other (specify)

General

Election Cycle-to-Date

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....**TOTAL** This Period (last page this line number only).....

61.98

61.98

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 45

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. 247 Cambridge Street Trust

Mailing Address PO Box 380

City	State	Zip Code
Boston	MA	02478

Purpose of Disbursement
rent for Campaign office

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		06		2014

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.33858

B. 247 Cambridge Street Trust

Mailing Address PO Box 380

City	State	Zip Code
Boston	MA	02478

Purpose of Disbursement
rent for Campaign office

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.33884

C. 247 Cambridge Street Trust

Mailing Address PO Box 380

City	State	Zip Code
Boston	MA	02478

Purpose of Disbursement
rent for Campaign office

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

700.00

Transaction ID : SB17.33905

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2100.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 45

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Boston City Paper

Mailing Address 65 E. Cottage Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

City	State	Zip Code
Dorchester	MA	02124

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
advertising

004

Transaction ID : SB17.33815

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. Boston Irish Reporter

Mailing Address 150 Mount Vernon St.

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

City	State	Zip Code
Dorchester	MA	02125

Amount of Each Disbursement this Period

390.00

Purpose of Disbursement
advertising

004

Transaction ID : SB17.33901

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

C. BULL FEATHERS

Mailing Address 410 1st Street, SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2014

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
campaign fundraising event - credit card charge

003

Transaction ID : SB17.33891

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

565.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Mike Capuano

Mailing Address 172 Central St

City	State	Zip Code
Somerville	MA	02145

Purpose of Disbursement
office supplies for campaign

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

Amount of Each Disbursement this Period

85.01

Transaction ID : SB17.33833

B. Chase Card Services

Mailing Address PO Box 15153

City	State	Zip Code
Wilmington	DE	19886

Purpose of Disbursement
credit card charges for Campaign

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

Amount of Each Disbursement this Period

487.71

Transaction ID : SB17.33834

c. Chase Card Services

Mailing Address PO Box 15153

City	State	Zip Code
Wilmington	DE	19886

Purpose of Disbursement
credit card charges for Campaign

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

Amount of Each Disbursement this Period

158.67

Transaction ID : SB17.33865

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

731.39

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Chase Card Services

Mailing Address PO Box 15153

City	State	Zip Code
Wilmington	DE	19886

Purpose of Disbursement
credit card charges for Campaign

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

State: District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
-------------------	--

Date of Disbursement

M M / D D / Y Y Y Y
03 / 10 / 2014

Amount of Each Disbursement this Period

724.36

Transaction ID : SB17.33890

B. CQ Roll CallMailing Address 77 K Street, NE
8th Floor

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
subscription renewal for camapign

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

State: District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
-------------------	--

Date of Disbursement

M M / D D / Y Y Y Y
02 / 14 / 2014

Amount of Each Disbursement this Period

1675.00

Transaction ID : SB17.33874

c. sandra Dumas

Mailing Address 41 Dartmouth Street

City	State	Zip Code
Somerville	MA	02144

Purpose of Disbursement
data entry for campaign committee

Candidate Name

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
----------------	---

State: District:

Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
-------------------	--

Date of Disbursement

M M / D D / Y Y Y Y
01 / 27 / 2014

Amount of Each Disbursement this Period

900.00

Transaction ID : SB17.33851

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3299.36

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Erickson & Company

Mailing Address 38 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
consulting & fundraising for Campaign

003

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

Amount of Each Disbursement this Period

3698.30

Transaction ID : SB17.33820

B. Erickson & Company

Mailing Address 38 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
consulting & fundraising for Campaign

003

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.33822

[MEMO ITEM]

C. Erickson & Company

Mailing Address 38 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
telephone

003

Candidate Name

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

Amount of Each Disbursement this Period

151.65

Transaction ID : SB17.33823

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3698.30

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Erickson & Company

Mailing Address 38 Ivy Street, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
postage and delivery

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 16 / 2014

Amount of Each Disbursement this Period

46.65

Transaction ID : SB17.33824

[MEMO ITEM]

B. Erickson & Company

Mailing Address 38 Ivy Street, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
consulting & fundraising for Campaign

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 27 / 2014

Amount of Each Disbursement this Period

3675.11

Transaction ID : SB17.33825

C. Erickson & Company

Mailing Address 38 Ivy Street, SE

City State Zip Code
Washington DC 20003

Purpose of Disbursement
consulting & fundraising for Campaign

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M / D D / Y Y Y Y
02 / 27 / 2014

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.33826

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3675.11

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Erickson & Company

Mailing Address 38 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
telephone

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

Amount of Each Disbursement this Period

25.72

Transaction ID : SB17.33827

[MEMO ITEM]

B. Erickson & Company

Mailing Address 38 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
postage and delivery

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

Amount of Each Disbursement this Period

149.99

Transaction ID : SB17.33828

[MEMO ITEM]

C. Erickson & Company

Mailing Address 38 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
consulting & fundraising for Campaign

003

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

3710.53

Transaction ID : SB17.33829

SUBTOTAL of Disbursements This Page (optional).....

3710.53

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Erickson & Company

Mailing Address 38 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
consulting & fundraising for Campaign

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

3500.00

Transaction ID : SB17.33830

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Erickson & Company

Mailing Address 38 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
telephone

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

143.33

Transaction ID : SB17.33831

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Erickson & Company

Mailing Address 38 Ivy Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
postage and delivery

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		20		2014

Amount of Each Disbursement this Period

67.20

Transaction ID : SB17.33832

[MEMO ITEM]**SUBTOTAL** of Disbursements This Page (optional).....

0.00

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Janice Harrington

Mailing Address 10 Strathmore Rd

City	State	Zip Code
Wakefield	MA	01880

Purpose of Disbursement
office support for Camapign

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.33841

B. Janice Harrington

Mailing Address 10 Strathmore Rd

City	State	Zip Code
Wakefield	MA	01880

Purpose of Disbursement
office support for Camapign

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.33878

c. Janice Harrington

Mailing Address 10 Strathmore Rd

City	State	Zip Code
Wakefield	MA	01880

Purpose of Disbursement
office support for Camapign

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

Amount of Each Disbursement this Period

3000.00

Transaction ID : SB17.33876

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

9000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Independent Newspaper Group

Mailing Address 385 Broadway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2014

City	State	Zip Code
Revere	MA	02151

Amount of Each Disbursement this Period

50.00

Purpose of Disbursement
advertising

001

Transaction ID : SB17.33868

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

B. MAPS

Mailing Address 104 Cambridge Steet

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
Cambridge	MA	02139

Amount of Each Disbursement this Period

200.00

Purpose of Disbursement
print mat'l for Campaign

004

Transaction ID : SB17.33912

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

Full Name (Last, First, Middle Initial)

c. Brian Mount

Mailing Address 62 Alpheus Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		23		2014

City	State	Zip Code
Roslindale	MA	02131

Amount of Each Disbursement this Period

270.84

Purpose of Disbursement
accounting software for Campaign committee

001

Transaction ID : SB17.33848

Candidate Name

Category/
Type

Office Sought:

<input type="checkbox"/>	House
<input type="checkbox"/>	Senate
<input type="checkbox"/>	President

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

520.84

TOTAL This Period (last page this line number only).....

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 31 OF 45

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Brian Mount

Mailing Address 62 Alpheus Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		27		2014

City	State	Zip Code
Roslindale	MA	02131

Amount of Each Disbursement this Period

900.00

Purpose of Disbursement
accounting/bookkeeping for campaign

001

Transaction ID : SB17.33852

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

Full Name (Last, First, Middle Initial)

B. NAACP - Cambridge Branch

Mailing Address PO Box 831

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

City	State	Zip Code
Cambridge	MA	02139

Amount of Each Disbursement this Period

405.00

Purpose of Disbursement
advertising

004

Transaction ID : SB17.33812

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

Full Name (Last, First, Middle Initial)

C. National Democratic club

Mailing Address 30 Ivy St., SE

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

City	State	Zip Code
Washington	DC	20003

Amount of Each Disbursement this Period

10.00

Purpose of Disbursement
dues for campaign

001

Transaction ID : SB17.33862

Candidate Name

Category/
Type

Office Sought:	House	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
	Senate		
	President		

State: District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1315.00

SCHEDULE B (FEC Form 3) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. National Democratic club

Mailing Address 30 Ivy St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
campaign meals - credit card charge

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 10 / 2014

Amount of Each Disbursement this Period

124.36

Transaction ID : SB17.33892

[MEMO ITEM]

B. National Democratic club

Mailing Address 30 Ivy St., SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
campaign meals

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
03 / 24 / 2014

Amount of Each Disbursement this Period

197.50

Transaction ID : SB17.33902

c. Network Solutions

Mailing Address 10 Azalea Drive

City Drums State PA Zip Code 18222

Purpose of Disbursement
website costs charged to campaign Credit card

Candidate Name

Office Sought: ☐ House ☐ Senate ☐ President

Disbursement For: ☐ Primary ☐ General ☐ Other (specify)

State: District:

Date of Disbursement

M M / D D / Y Y Y Y
01 / 16 / 2014

Amount of Each Disbursement this Period

227.94

Transaction ID : SB17.33835

[MEMO ITEM]

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

197.50

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. PF Changs

Mailing Address 100 Cambridge Place

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

City	State	Zip Code
Cambridge	MA	02141

Amount of Each Disbursement this Period

41.92

Purpose of Disbursement
campaign meals charged to credit card

001

Transaction ID : SB17.33838

Candidate Name

Category/
Type**[MEMO ITEM]**

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Planet Self Storage

Mailing Address 39r Medford St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		24		2014

City	State	Zip Code
Somerville	MA	02143

Amount of Each Disbursement this Period

443.00

Purpose of Disbursement
file storage for campaign records

001

Transaction ID : SB17.33849

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

C. Planet Self Storage

Mailing Address 39r Medford St

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

City	State	Zip Code
Somerville	MA	02143

Amount of Each Disbursement this Period

409.00

Purpose of Disbursement
storage costs for campaign records

001

Transaction ID : SB17.33860

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

852.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Planet Self Storage

Mailing Address 39r Medford St

City	State	Zip Code
Somerville	MA	02143

Purpose of Disbursement
storage costs for campaign records

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		27		2014

Amount of Each Disbursement this Period

811.00

Transaction ID : SB17.33883

B. Planet Self Storage

Mailing Address 39r Medford St

City	State	Zip Code
Somerville	MA	02143

Purpose of Disbursement
storage costs for campaign records

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

9.00

Transaction ID : SB17.33906

C. Raimonds Mover, Inc.

Mailing Address 21 Linden St

City	State	Zip Code
Boston	MA	02134

Purpose of Disbursement
moving cost for campaign office

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

Amount of Each Disbursement this Period

1609.61

Transaction ID : SB17.33842

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2429.61

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Reporter Newspaper

Mailing Address 150 Mount Vernon St

City	State	Zip Code
Dorchester	MA	02125

Purpose of Disbursement
advertising

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

Amount of Each Disbursement this Period

330.00

Transaction ID : SB17.33817

B. Reporter Newspaper

Mailing Address 150 Mount Vernon St

City	State	Zip Code
Dorchester	MA	02125

Purpose of Disbursement
advertising

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		30		2014

Amount of Each Disbursement this Period

330.00

Transaction ID : SB17.33853

C. Reporter Newspaper

Mailing Address 150 Mount Vernon St

City	State	Zip Code
Dorchester	MA	02125

Purpose of Disbursement
advertising

004

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

Amount of Each Disbursement this Period

330.00

Transaction ID : SB17.33907

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

990.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Royal Sonesta Hotel

Mailing Address 5 Cambridge Parkway

City	State	Zip Code
Cambridge	MA	02142

Purpose of Disbursement
campaign meals - credit card charge

003

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

Amount of Each Disbursement this Period

158.67

Transaction ID : SB17.33866

[MEMO ITEM]**B. S&S Restaurant**

Mailing Address 1334 Cambridge St

City	State	Zip Code
Cambridge	MA	02139

Purpose of Disbursement
campaign meals charged to credit cardCategory/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

Amount of Each Disbursement this Period

217.85

Transaction ID : SB17.33836

[MEMO ITEM]**c. Sage Systems, LLC**

Mailing Address P.O.Box 2201

City	State	Zip Code
Peabody	MA	01960

Purpose of Disbursement
website work for Campaign Committee

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.33819

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1250.00

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sage Systems, LLC

Mailing Address P.O.Box 2201

City	State	Zip Code
Peabody	MA	01960

Purpose of Disbursement
website work for Campaign Committee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.33861**B. Sage Systems, LLC**

Mailing Address P.O.Box 2201

City	State	Zip Code
Peabody	MA	01960

Purpose of Disbursement
website work for Campaign Committee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		20		2014

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.33881**c. Sage Systems, LLC**

Mailing Address P.O.Box 2201

City	State	Zip Code
Peabody	MA	01960

Purpose of Disbursement
website work for Campaign Committee

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

Amount of Each Disbursement this Period

1250.00

Transaction ID : SB17.33903**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

3750.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Sampan Newspaper

Mailing Address 200 Tremont Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		10		2014

City	State	Zip Code
Boston	MA	02116

Purpose of Disbursement
advertising

004

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Amount of Each Disbursement this Period

170.00

Transaction ID : SB17.33867

B. Somerville PTA Scholarship Fund

Mailing Address 18 windsor Road

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		31		2014

City	State	Zip Code
Somerville	MA	02144

Purpose of Disbursement
advertising

004

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Amount of Each Disbursement this Period

176.00

Transaction ID : SB17.33909

c. Staples

Mailing Address 282 Mystic Avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2014

City	State	Zip Code
Medford	MA	02155

Purpose of Disbursement
office supplies for camapign

001

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify)	

State: District:

Amount of Each Disbursement this Period

333.63

Transaction ID : SB17.33875

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

679.63

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Staples

Mailing Address 282 Mystic Avenue

City	State	Zip Code
Medford	MA	02155

Purpose of Disbursement
office supplies for camapign

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

Amount of Each Disbursement this Period

605.34

Transaction ID : SB17.33877

B. Verizon

Mailing Address P.O.Box 28007

City	State	Zip Code
Lehigh Valley,	PA	18002

Purpose of Disbursement
telephone exp.

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

Amount of Each Disbursement this Period

394.70

Transaction ID : SB17.33811

c. Verizon

Mailing Address P.O.Box 28007

City	State	Zip Code
Lehigh Valley,	PA	18002

Purpose of Disbursement
telephone exp.

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

Amount of Each Disbursement this Period

166.74

Transaction ID : SB17.33840

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

605.34

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 40 OF 45

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Verizon

Mailing Address P.O.Box 28007

City	State	Zip Code
Lehigh Valley,	PA	18002

Purpose of Disbursement
telephone exp.

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

Amount of Each Disbursement this Period

120.03

Transaction ID : SB17.33863

B. Verizon

Mailing Address P.O.Box 28007

City	State	Zip Code
Lehigh Valley,	PA	18002

Purpose of Disbursement
telephone exp.

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

207.50

Transaction ID : SB17.33885

c. Verizon Wireless

Mailing Address P.O. Box 28007

City	State	Zip Code
Lehigh Valley	PA	18002

Purpose of Disbursement
telephone exp. for campaign

001

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		14		2014

Amount of Each Disbursement this Period

275.68

Transaction ID : SB17.33873

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

603.21

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Verizon Wireless

Mailing Address P.O. Box 28007

City	State	Zip Code
Lehigh Valley	PA	18002

Purpose of Disbursement
telephone exp. for campaign

001

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		14		2014

Amount of Each Disbursement this Period

258.92

Transaction ID : SB17.33898

B. Woburn Printing Co

Mailing Address 25 Everett Street

City	State	Zip Code
Woburn	MA	01801

Purpose of Disbursement
campaign material - print material

006

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		05		2014

Amount of Each Disbursement this Period

2167.50

Transaction ID : SB17.33888

C.

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2426.42

42399.24

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 17	<input checked="" type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN TIERNEY FOR CONGRESS

Mailing Address 49 FEDERAL STREET

City	State	Zip Code
SALEM	MA	01970

Purpose of Disbursement
contribution

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MA District: 06

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		11		2014

Amount of Each Disbursement this Period

2000.00

Transaction ID : SB18.33897

Category/
Type**B.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

Category/
Type**C.**

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify)

Date of Disbursement

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Disbursement this Period

--

Category/
Type**SUBTOTAL** of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

2000.00

2000.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 43 OF 45

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Dimmock Community Health Center

Mailing Address 55 Dimmock St.

City	State	Zip Code
Roxbury	MA	02119

Purpose of Disbursement
donation

012

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2014

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB21.33896

B. Dorchester Chile Cook off

Mailing Address 319 Ashmont St

City	State	Zip Code
Dorchester	MA	02124

Purpose of Disbursement
donation

012

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		03		2014

Amount of Each Disbursement this Period

240.00

Transaction ID : SB21.33886

C. Nellie's Wildflowers

Mailing Address 72 Holland Street

City	State	Zip Code
Somerville	MA	02144

Purpose of Disbursement
funeral baskets

012

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y
01		16		2014

Amount of Each Disbursement this Period

122.18

Transaction ID : SB21.33818

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

1362.18

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 44 OF 45

<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input checked="" type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

A. Nellie's Wildflowers

Mailing Address 72 Holland Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
02		07		2014

City	State	Zip Code
Somerville	MA	02144

Amount of Each Disbursement this Period

393.12

Purpose of Disbursement
funeral baskets

012

Transaction ID : SB21.33864

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

B. Somerville Homeless Coalition

Mailing Address P.O. Box 440436

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		24		2014

City	State	Zip Code
Somerville	MA	02144

Amount of Each Disbursement this Period

250.00

Purpose of Disbursement
donation

012

Transaction ID : SB21.33904

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

Full Name (Last, First, Middle Initial)

c. Stop and Shop

Mailing Address 1690 Revere Beach parkway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
03		10		2014

City	State	Zip Code
Everett	MA	02149

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
gift cert. for elderly - senior event - campaign credit card

012

Transaction ID : SB21.33894

Candidate Name

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify)

State:

District:

643.12

2005.30

SUBTOTAL of Disbursements This Page (optional).....**TOTAL** This Period (last page this line number only).....

SCHEDULE D (FEC Form 3)**DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate
schedule(s)
for each
numbered line)

PAGE 45 OF 45

FOR LINE NUMBER:
(check only one)☒ 9
☐ 10

NAME OF COMMITTEE (In Full)

CAPUANO FOR CONGRESS COMMITTEE

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

DEMOCRATIC NATIONAL COMMITTEE - TRAVEL-OFFSET ACCOUNT

Nature of Debt (Purpose):

Reimbursement due to Campaign for Travel

Mailing Address 430 SOUTH CAPITOL STREET SE

City State

Zip Code

WASHINGTON

DC

20003

Outstanding Balance Beginning This Period

390.41

Transaction ID : SD9.13495

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

390.41

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

GONZALEZ, CHARLES A.

Nature of Debt (Purpose):

Hotel charges for the DNC in boston

Mailing Address 206 E. Locust Street

City State

Zip Code

San Antonio

TX

78212

Outstanding Balance Beginning This Period

2124.00

Transaction ID : SD9.13268

Amount Incurred This Period

0.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

2124.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) ▶

2514.41

2) **TOTALS** This Period (last page this line number only) ▶

2514.41

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)..... ▶

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) ▶

2514.41